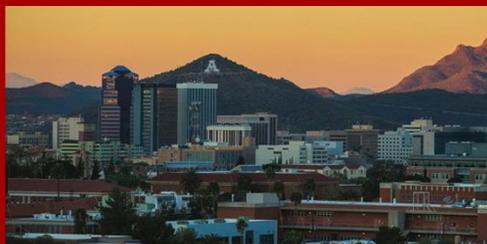
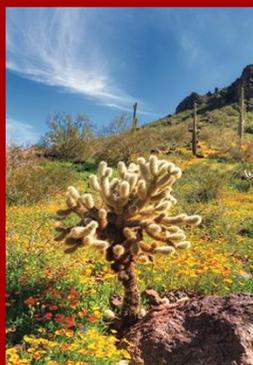


2018-2019



# MEDICINE

► Clerkship Manual



THE UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE - TUCSON

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# Medicine Clerkship Manual



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# Table of Contents

<b>Welcome .....</b>	<b>1</b>
<b>General Clerkship Information.....</b>	<b>2</b>
<b>Course Description.....</b>	<b>3</b>
Education Program Objectives .....	3
Clerkship Learning Objectives.....	3
Site Information.....	5
Alternative Experience .....	7
<b>Academic Participation Requirements .....</b>	<b>8</b>
Grading .....	8
Clinical Skills.....	8
<b>Formative and Summative Assessment.....</b>	<b>10</b>
Mid-Clerkship Formative Feedback.....	10
Grading Criteria .....	10
Assessment of Student Performance .....	12
NBME Shelf Exam .....	15
Student Feedback Surveys.....	16
<b>Resources .....</b>	<b>17</b>
Appendix A: MedLearn .....	18
Appendix B: Academic Calendars .....	19
Appendix C: Assessment Forms.....	21
Appendix D: Affiliate & Student Affairs Phone Tree.....	23
Appendix E: Choosing Wisely .....	24
Appendix F: Banner UMC South Campus Security and Safety Plan.....	25
Appendix G: Student Policies.....	31

# The University of Arizona College of Medicine – Tucson Medicine Clerkship

## Welcome

*A foundation for medical professionalism in  
patient care*



Amy Sussman, M.D.

**W**elcome to the Medicine Clerkship. This clerkship is designed to expose students to in-patient and ambulatory experiences that will serve as a foundation throughout their professional lives as physicians.

The focus of this experience will be on developing an ample understanding of basic and clinical science. During the next twelve weeks students will be challenged in areas of medical knowledge; patient care; interpersonal and communication skills; professionalism; practice-based learning improvement; and systems-based practice. The Medicine Clerkship will encompass activities in several subspecialty areas. While students may not master all of Medicine by the end of this clerkship, students are expected to achieve a level appropriate for a third-year clerk.

We value the commitment of faculty members and College of Medicine staff to providing an exceptional education experience. We look forward to working with you in our mutual dedication to student success.

Best Regards,

A handwritten signature in black ink, appearing to read "Amy Sussman".

Amy Sussman, M.D.  
Clerkship Director, Tucson

# Clerkship Organization

## General Clerkship Information

Banner University Medical Center  
Arizona Health Sciences Center  
1501 N. Campbell Avenue  
Tucson, AZ 85724



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### Clerkship Websites:

<http://deptmedicine.arizona.edu/education/medical-student-education/clerkships-sub-internships>  
<https://sites.google.com/a/email.arizona.edu/com-t-medicine-clerkship/>

# Course Description and Educational Objectives

## Course Description

The Medicine clerkship is a 12-week experience including in-patient and ambulatory exposure. Students are expected to achieve a level of responsibility in the in-patient and ambulatory setting appropriate for a third year student including: independent data gathering, critical assessment of the data, and communication of data to other health professionals. The clerkship follows the educational objectives for third year students as outlined below.

## Educational Program Objectives and Competencies

The educational program objectives are found in their entirety below, however, they are subject to periodic updating and the most recent version will always be found online.

The College of Medicine – Tucson curriculum is designed to develop six educational competencies central to the practice of medicine.



## Clerkship Learning Objectives

OBJ #	COMPETENCY	MEDICINE CLERKSHIP LEARNING OBJECTIVES
1	MK, PC	Perform basic clinical procedures.
2	IPS	Demonstrate effective listening skills and the ability to elicit and provide information using effective nonverbal, explanatory, questioning and writing skills.
3	IPS, PRO	Demonstrate the ability to document and present patient data and clinical information in an organized, accurate, legible and/or verbally clear manner.
4	IPS, PC	Demonstrate the ability to encourage patients' health and wellness through appropriate patient education.
5	SBP	Demonstrate awareness of and responsiveness to the large context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
6	SBP	Appreciate how patient care and professional practices affect health care professionals, the health care organization, and the larger society and how these elements of the system may affect their own practice.

OBJ #	COMPETENCY	<b>MEDICINE CLERKSHIP LEARNING OBJECTIVES</b>
7	SBP	Advocate for quality patient care and access for all people, including the underserved, and assist patients in dealing with system complexities.
8	SBP	Partner with other members with other members of the health care team to assess, coordinate, and improve health care.
9	SBP	Demonstrate understanding of the physician's role and responsibilities in promoting health of the community and the underlying principles of preventive medicine and population-based health care delivery.
10	PRO	Be committed to carrying out professional responsibilities, adhering to ethical principles, and demonstrating sensitivity to diverse patient populations.
11	PRO	Demonstrate compassionate treatment of patients.
12	PRO	Show respect for patients' privacy, dignity and diversity of culture, ethnicity, religion and sexual orientation.
13	PRO	Demonstrate integrity, reliability, dependability and truthfulness in all interactions with patients, their families and professional colleagues.
14	PRO	Demonstrate a responsiveness to the needs of patients and society that supersedes self-interest.
15	PRO	Exhibit the skills to advocate for improvements in the access of care for everyone.
16	PLI, PRO	Demonstrate knowledge of and a commitment to uphold ethical principles in such areas as the provision of care, maintaining confidentiality, and gaining informed consent.
17	MK, PC	Obtain an accurate medical history that covers all essential aspects of the history.
18	MK, PC	Perform both a complete and an organ system specific examination.
19	PRO	Write notes that are complete, accurate, and organized.
20	PRO	Present patients in the in-patient and ambulatory settings in a smooth and well-organized manner.
21	MK, PC	Discern what is important and what is not in the clinical examination.
22	MK, PC	Perform a clinical assessment, formulate a differential, and participate in developing a management plan.
23	MK	Demonstrate knowledge about (1) established and evolving core of basic sciences (2) application of sciences to patient care and (3) investigatory and analytical thinking approaches.
24	MK	Demonstrate knowledge of the normal structure and function of the body as a whole and each of the major organ systems.
25	MK	Demonstrate knowledge of molecular, cellular and biochemical mechanisms in homeostasis. (MK )
26	MK	Demonstrate knowledge of cognitive, affective, and social growth and development.
27	MK	Demonstrate knowledge of altered structure and function of the body/organs in disease.
28	MK	Demonstrate knowledge of foundations of therapeutic intervention, including concepts of outcomes.
29	MK	Recognize how patient diversity influences disease presentation, treatment, and outcome.
30	MK	Demonstrate knowledge of legal, ethical issues and controversies associated with medical practice.
31	MK	Use the scientific method in establishing the cause of disease and efficacy of treatment, including principles of epidemiology and statistics
32	PLI	Use computer-based techniques to acquire new information and resources for learning.
33	PLI, SBP	Be prepared to practice medicine within the context of society and its expectations.
34	PLI	Demonstrate an awareness of the limits of their own personal knowledge, remediate inadequacies to remain current, and integrate increased self-knowledge into daily activities.

OBJ #	COMPETENCY	MEDICINE CLERKSHIP LEARNING OBJECTIVES
35	PLI	Demonstrate an understanding of the need of continuing education to improve practice and the use of an evidence based approach to decide or reject experimental findings and approaches.
36	IPS	Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates.
37	IPS, PC	Promote health behaviors through counseling of individual patients and their families.
38	IPS, PC	Demonstrate the ability to create and sustain a therapeutic and ethically sound relationship with patients and their families.

## Site Information

### Inpatient Sites

- Southern Arizona Veteran's Administration Health Care System
- Banner University Medical Center – University Campus
- Banner University Medical Center – South Campus

### Outpatient Sites

- Southern Arizona Veteran's Administration Health Care System
- Banner University Medical Center – University Campus Clinics
- Banner University Medical Center – South Campus
- University of Arizona Cancer Center - North
- Private clinics in the greater Tucson area.
- Rural experiences may be available upon request. Please notify the clerkship co-director and/or coordinator if you are interested in this type of experience.

## Medicine Clerkship Procedure for Assignment to Clinical Sites

**Inpatient Rotation:** Medical students on the Medicine clerkship are assigned two - 4 weeks of Inpatient rotations, each being at a different location listed below:

- Southern Arizona Veteran's Administration Health Care System
- Banner University Medical Center – University Campus
- Banner University Medical Center – South Campus

**Outpatient Rotations:** Medical students on the Medicine clerkship are assigned a 4-week outpatient rotation. Locations vary day to day unless you are assigned to the Southern Arizona Veteran's Administration Health Care System (VA hospital), then all your clinics are at that location.

- Southern Arizona Veteran's Administration Health Care System
- Banner University Medical Center – University Campus Clinics
- Banner University Medical Center – South Campus
- Banner University Medical Center - Network Clinics – Orange Grove, Cancer Ctr-North

- Private clinics in the greater Tucson area.
- Rural experiences may be available upon request. Please notify the clerkship co-director and/or coordinator if you are interested in this type of experience. Please note that Tuba City requires a minimum of 90 days' notice

During the student's outpatient rotation, each student is assigned to outpatient Physical Therapy rotations, two half days at UMC, this includes students assigned to the VA hospital.

Prior to the schedule going out, students can request certain clinics in subspecialties, inpatient or outpatient as their last 4wks. We strive to accommodate as many request as possible.

Rural site – Tuba City, a minimal of 90 days prior notice is needed, in order to process paperwork & approval and drug testing.

## Procedure/Skills – Enter in MedLearn

Skills and Procedures	Clinical Setting (Inpatient, Outpatient, Both)	Expected Level of Student Responsibility	Additional Alternative Experience
ABG Interpretation	Either	Analysis of results in clinical setting or in didactic sessions	UpToDate: Simple and mixed acid-base Disorders
Chest x-ray interpretation	Either	Review chest films on all admitted patients & didactic participation	Complete tutorial: <a href="http://www.mc.uky.edu/education/images/flash/chestnew.swf">http://www.mc.uky.edu/education/images/flash/chestnew.swf</a>
ECG Interpretation	Either	Interpret ECG on at least one inpatient	Attendance at ECG didactic sessions is required.
Heart Sound Interpretation	Both	Perform physical exams on patients and active participation in small group sessions	Complete systolic and diastolic sections on: <a href="http://www.wilkes.med.ucla.edu">www.wilkes.med.ucla.edu</a>
History and Physical Exam	Both	Perform history and physical exam on patients in the hospital and clinics	This is a required activity. Speak with Clerkship Director.
NG Tube placement	Inpatient	Perform or Observe	NEJM Videos in Clinical Medicine - Nasogastric intubation
Obtain informed consent	Either	Observe	UpToDate: Informed Consent
Paracentesis	Inpatient	Observe or perform procedure	NEJM Videos in Clinical Medicine - Paracentesis
Rectal Exam	Either	Perform exam with supervision	Read appropriate section: <a href="http://meded.ucsd.edu/clinicalmed/genital.htm">http://meded.ucsd.edu/clinicalmed/genital.htm</a>
Thoracentesis	Inpatient	Observe procedure	NEJM Videos in Clinical Medicine - Thoracentesis
Throat Culture	Either	Perform or observe	Watch Video: <a href="http://www.youtube.com/watch?v=KYmYBM9J0K4">http://www.youtube.com/watch?v=KYmYBM9J0K4</a>
Urinalysis interpretation	Either	Perform	UpToDate: Urinalysis in the diagnosis of renal disease

## Patient conditions – Enter in MedLearn

Type of patient/clinical condition	Clinical setting (Inpatient, Outpatient, Both)	Level of student responsibility	Alternative Experience
Abdominal Pain	Either	Perform physical exam and workup	Aquifer Cases
Altered Mental Status	Either	Perform physical exam and workup	Aquifer Cases
Anemia	Either	Perform physical exam and workup	Aquifer Cases
Back pain	Either	Perform physical exam and workup	Aquifer Cases
Cancer	Either	Perform physical exam and workup	Aquifer Cases
Chest pain	Either	Perform physical exam and workup	Aquifer Cases
Congestive Heart Failure	Either	Perform physical exam and discuss therapeutic options	Aquifer Cases
COPD	Either	Perform physical exam and discuss therapeutic options	Aquifer Cases
Cough	Outpatient	Perform physical exam and workup	Aquifer Cases
Deep venous thrombosis /venous thromboembolism	Either	Perform physical exam and workup	Aquifer Cases
Depression	Outpatient	Perform physical exam and workup	Aquifer Cases
Diabetes Mellitus	Both	Perform physical exam and discuss treatment/screening	Aquifer Cases
Dyslipidemia	Outpatient	Perform physical exam and workup	Aquifer Cases
Dyspnea	Both	Perform physical exam and workup	Aquifer Cases
Fever	Inpatient	Perform physical exam and workup	Aquifer Cases
Fluid/electrolyte/acid base disorder	Both	Workup and discuss therapeutic options	Aquifer Cases
Gastrointestinal Bleeding - upper or lower	Either	Perform physical exam and workup	Aquifer Cases
Hypertension	Outpatient	Perform physical exam and workup	Aquifer Cases
Immunosuppressed	Either	Perform physical exam and workup	Aquifer Cases
Liver Disease	Either	Perform physical exam and workup	Aquifer Cases
Nosocomial infection	Inpatient	Perform physical exam and workup	UpToDate - General principles of infection control
Obesity	Either	Perform physical exam and workup	Aquifer Cases
Type of patient/clinical condition	Clinical setting (Inpatient, Outpatient, Both)	Level of student responsibility	Additional Experience
Pneumonia	Either	Perform physical exam and workup	Aquifer Cases
Renal failure - acute or chronic	Either	Perform physical exam and workup	Aquifer Cases
Rheumatologic or autoimmune condition	Either	Perform physical exam and workup	Aquifer Cases
Smoking cessation	Outpatient	Perform physical exam and workup	UpToDate - Overview of smoking cessation management in adults
Substance abuse	Either	Perform physical exam and workup	SIMPLE Case 26

## Alternative Experience

When a student must complete an alternative experience, the following procedures should be followed:

1. The student requests the Clerkship Director's approval. Let the clerkship coordinator know when the alternative experience has been completed by the student.

# Academic Participation Requirements

## Grading

### Forms Required

Midpoint evaluation – 1 for every 4wks (x2 inpatient, x1-outpatient rotations)

CEX - 1 for every 4wks (x2 inpatient, x1 outpatient rotations)

This is an observational experience where the student will be required to have a faculty member/attending observe an encounter with a patient. The history and physical examination are observed by the faculty and rated as satisfactory or unsatisfactory for the following areas: medical knowledge; physical examination skills; interpersonal communication; procedural skills; professionalism; organization/efficiency; ability to evaluate their own performance; overall clinical competence.

Common Assessment Evaluations – 2 for every 4wks (minimum of 6 for entire clerkship)

Recommend that you provide names of everyone you worked with; they will be verified with schedules and entered into New Innovations

The students are assessed using the six core competencies: medical knowledge; physical exam skills; interpersonal communication skills; professionalism; practice-based learning improvement; and systems-based practice.

## Clinical Skills for Inpatient Rotations

### General Description

The Student is assigned to a ward team consisting of a faculty attending, a resident, one or two interns, and at times a 4<sup>th</sup> year sub-intern. The faculty attending has legal responsibility for all patients cared for by the team. The resident is in charge of the day-to-day operations of the team and works closely with the faculty attending. The team rounds as a group during management rounds, which occur daily, usually beginning at 0700 but the time is variable from site to site, and from attending to attending. Generally, the rounds end by 0900. Times for rounds on weekends are at the discretion of the faculty attending and the resident. Rounding time is variable depending on site. Check with your resident.

### Student Responsibilities

- To participate fully and actively in all the activities of the team.
- To work up and follow patients as assigned by the resident (usually 1 per admitting day - up to 3 to 5 per week).
- To pre-round on all of their patients before management rounds.
- To present their patients on rounds. (See Write-ups & Oral Presentations).
- To perform written data bases including the assessment and plan on all new admissions and to present these to the faculty attending within 24 hours of admission. (See Write-ups & Oral Presentations)

- To write daily progress notes in the SOAP format on all patients assigned to them.
- To have all orders that they write cosigned by the resident or intern.

### **Intern's Role**

The intern can guide students in completing important daily tasks but due to their limited experience and heavy workload are less equipped to provide daily formal teaching. Comments on evaluations will be accepted but the evaluation calculated will not count

### **Resident's Role**

The resident is the team manager and has an expected teaching role and will be able to answer most questions and provide students with goals and expectations. The resident will usually have some mini-lectures about very practical topics. The resident also knows about the styles of faculty Attendings and what they will likely expect of students.

## **Clinical Skills for the Ambulatory Rotation**

### **General Description**

The ambulatory sites are all slightly different and each has its strengths and weaknesses. In general, students spend 50% of time in generalist areas and 50% in a variety of subspecialties. The skills needed to work effectively in ambulatory clinics are different than those needed on the in-patient services. Time management and prioritization of tasks is more important in ambulatory areas.

### **Student Responsibilities**

- To participate fully in all the activities taking place at the ambulatory site.
- To work up all assigned patients (2-3 patients per half-day clinic).
- To present patients with an assessment and plan for the active problem(s) (See Write-ups & Oral Presentations)
- To follow up on all tests ordered on patients and to review the results with the faculty attending.
- To write comprehensive notes and when appropriate to update all flow sheets (i.e., medications, preventive health services, etc.) (See Write-ups and Oral Presentations)

### **Self-Directed Learning**

There is more time to study during the ambulatory component of the clerkship and the same resources used in ambulatory clinics can be used on inpatient wards. In addition, there are a number of textbooks that address common ambulatory problems. Site director can provide references that are commonly used at their site. A *Pocket Pharmacopoeia* by Tarascon, and The Sanford Guide to Antimicrobial Therapy are handy references.

### **Attending Role**

The ambulatory sites have generalist faculty and/or sub specialist faculty who interact with students on a daily or weekly basis. The attending will staff patients and help students learn common ambulatory skills. In addition, the attending will frequently provide "chalk talks" during the clinic about common ambulatory problems. In the clinics, the students will work with multiple Attendings who will participate in their evaluation. Students are encouraged to solicit feedback from the attending physicians about their performance.

# Formative and Summative Assessment

## Mid-Clerkship Formative Feedback

This clerkship expects students to seek advice from their attending physicians and residents' half-way through their scheduled rotation in order to improve their performance based on the six competencies. We use the Mid-Clerkship Formative Feedback form. We expect students to print off this form complete their self-evaluation and then present this form to their attending to discuss both their strengths and areas in which they need to improve. This will serve as a strategy to ensure adequate evaluation at the end of the rotation and a means to remedy any experiential gaps prior to the end of the rotation. Two of these forms must be signed by the student and an attending physician and turned into the clerkship coordinator. These forms should be filled out in a one-on-one session with your attending physician. Residents are not responsible for completing these forms.

One form should be completed for your inpatient rotations, and one for your ambulatory experience (total of x3)

In addition to turning in your mid-clerkship formative feedback form, you will be required to bring a copy of your work to include a History & Physical or a SOAP (or progress note) that has been reviewed/edited by an Attending. A brief meeting with the Clerkship Director and student will be set up. The Clerkship Director will review these notes at that time. Link: [Mid-Clerkship Formative Feedback form](#)

We reserve the right to assign a failing grade for the entire clerkship if a student performs in an unprofessional manner in terms of interactions with patients and other health professionals, completing assignments, or attendance at scheduled activities.

## Grading Criteria

Grades will be based on the following criteria:

- Written shelf exam – 30%
- Clinical performance assessment – 50% (The 50% will be made up from composite scores from the 3 rotation sites.)
- Conference attendance – 5% (One full percentage point will be deducted for each conference that is missed/unexcused)

### Professionalism Grade (5%)

Professionalism accounts for 5% of your grade; it is an all or nothing component. A significant lapse and/or action of the full 5%. The Clerkship Director makes the final decision. expected that most students will receive full credit.

The following list, while not exhaustive, should help to clarify what is included in the Professionalism grade throughout the clerkships.

Students will:

- Complete credentialing paperwork and site-specific requirements such as, but not limited to, fingerprinting and drug screening, by the stated deadline.
- Complete assignments by due date. This includes but is not limited to the following:
  - MedLearn (Logged = Duty hour, H&P feedback, Patient logs), Surveys (e.g. New Innovations)
  - Scholarly Case Report o Written History and Physicals
  - SOAP Notes o Mid-Clerkship form
  - Observed Interview form o Return of books and other borrowed items
- Respond to emails in a timely manner (within 2 business days)
- Refrain from using cell phones during meetings/sessions/didactics
- Always inform your team/preceptor of your whereabouts
- Be considerate to staff, faculty, residents, and/or patients
- Be on time for required meetings/sessions and do not leave without permission or until dismissed. This includes, but is not limited to the following:
  - Clerkship orientation o OSCE orientation or interview
  - Seminars/Didactics/Core Lectures/Grand Rounds o Mentor Meetings
  - Clinical Rounds o Scholarly case report presentations
  - Community Preceptor meetings
- Sign-in for didactics or other activities where requested ONLY for yourself
- Be punctual and comply with NBME Shelf Exam rules
- Obtain advance permission from the clerkship director/coordinator for absences from activities and/or wards; inform appropriate residents and/or Attendings

See [Mistreatment](#) definitions

**A clerkship reserves the right to assign a failing grade for the entire clerkship if a student performs in an unprofessional manner in terms of interactions with patients and other health professionals, completing assignments, attendance at scheduled activities, or other inappropriate actions or activities.**

- Patient log completion/Procedure logs and presentation to clerkship coordinator – 5% (This log must be completed by 5pm on the Monday following completion of the Shelf Exam.)
- CEX completion and presentation to clerkship coordinator (x3) –5%

Total – 100% or 100 points

Overall, the goal of the performance evaluation is to accurately assess the performance of medical students during the Medicine Clerkship using multiple parameters. The following describes our evaluation methods in more detail.

## Assessment of Student Performance

### Principles

In order to keep our students competitive in a post-graduate market, we should aim for 20-25% of any class to be awarded honors. An additional 15-25% of students may be awarded a High Pass. The Clerkship Co-Directors of Medicine reported a range of 10-50% for honors in clerkships in the United States with a mean around 25%. The clerkship director may, at time, have to adjust the listed criteria in order to achieve this goal.

### Parameters

#### Standardized examination (30):

This measures medical knowledge as assessed by multiple choice type questions in a clinical vignette format.

- The Shelf Examination is given at the end of the block. Students will be notified of the date, time and location of the exam during orientation. There will be review sessions, but no practice exams or quizzes.
- Passing is  $\geq 58$  Equated % Correct Equivalent

A student who scores  $<58$  Equated % Correct Equivalent on the exam will be allowed to take the test again. Successful passing of the examination on the second attempt will change the grade from "Incomplete" to "Pass". Generally, the repeat exam can be taken only during non-academic periods per EPC policies. If the student fails the test after a second attempt, the student will fail the clerkship in accordance with the College of Medicine EPC policies.

- The mean score is generally about 75 Equated % Correct Equivalent
- To obtain an honors grade for the course, the student will need to achieve a raw score equal to or greater than 80 Equated % Correct Equivalent on the shelf. This does not guarantee an Honors grade
- To achieve a High Pass grade for the course, the student will need to achieve a raw score equal to or greater than 70 Equated % Correct Equivalent on the shelf. This does not guarantee a High Pass grade
- Minimum score is 80 Equated % Correct Equivalent for shelf (this does not assure Honors but is a minimum shelf exam score to be considered for Honors).

#### Clinical Evaluations (50%):

These measure observable behaviors that demonstrate the ACGME's competencies including: Professionalism, patient care, interpersonal and communication skills; practice based learning, medical knowledge, and systems-based practice and population health.

- Clinical evaluations are a very important part of the final grade. In order to assure that we provide a grade that reflects the ability and efforts of the student, it is important that we have as many evaluations as possible.
- An evaluation from each Attending and senior residents that at least 5 days of inpatient service where spent with is required. At least 2 attending evaluations per student are necessary from the outpatient rotations (minimum of 6 evaluations total for the clerkship). Both faculty and resident evaluations count toward the grade. Intern evaluations will be accepted for comments only.

**WE ASK THAT YOU OBTAIN AN EVALUTION FROM EACH ATTENDING WITH WHOM YOU WORKED FOR FIVE DAYS OR MORE. (A minimal of 2 days that you have worked with an Attending will be accepted).**

**Students may not pick and choose amongst Attendings for these evaluations.** Evaluation process is through New Innovations. Evaluations will be sent electronically to ALL the faculty members and residents with whom the students worked with. Names of Attendings/Residents can be provided to the coordinator in order to verify teams.

- Clinical evaluation is based upon observable behaviors. We utilize the Common Assessment Format which is used in most clerkships via New Innovations
- Since the number of evaluators may differ from student to student, the number of evaluators will be divided into the total score.
- The clerkship director may choose to eliminate an evaluation that is substantially different from the majority of the evaluations. In general this would be an evaluation that is at least 10 point lower than the other evaluators unless this evaluation is supported by written documentation.
- Faculty and resident assessment of student performance will be collected via the New Innovations online system. Summary assessment of student performance reports will be provided to students by clerkship coordinators after the end of the rotation and before grades are posted. All faculty and resident comments are also de-identified in the report.

#### Conference Attendance (5%):

The didactics measure the students' ability to be responsible about conference attendance that reflects the competencies of professionalism and practice-based learning. Attendance will be recorded at BOTH Grand Rounds and Medical Student Academic Half Days in Tucson.

- Attendance at all conferences is awarded 5% of overall grade. A percentage point will be deducted from the student's grade for EACH unexcused absence. Students are responsible for notifying the clerkship coordinator or clerkship director about absences prior to the expected conference.

#### Policies

Grading policy can be found: <http://medicine.arizona.edu/form/grading-and-progression-policies-years-1-4-com> - the Appeal process can also be found on the Curricular Affair website

Faculty and resident assessment of student performance will be collected via the New Innovations online system. Summary assessment of student performance reports will be provided to students by clerkship coordinators after the end of the rotation and before grades are posted. All faculty and resident comments are de-identified in the report.

All faculty and residents with whom students work will be requested to complete an online evaluation of the student in New Innovations.

- New Innovations uses a schedule matching system based on student rotations and dates on service that are the same as each of the faculty and residents.
- For example, if a resident (or attending) is assigned to a service from March 20 through April 15 and a student is assigned during that same time or a portion of that time, then an evaluation will be created in New Innovations that matches the student to the resident for evaluation.

- There may be an instance where the resident (or attending) was not on service because of a vacation, conference or other reason. In that case, if there was not an opportunity to work with the student, or he/she worked with the student for too limited an amount of time, the evaluator will mark the evaluation NET (not enough time).
- A notice of a pending student evaluation is generated by New Innovations and sent to faculty and residents on a designated date during the rotation.

If there are questions about how evaluations are matched to faculty and residents, students should discuss the process with the clerkship coordinator.

**We reserve the right to assign a failing grade for the entire clerkship if a student performs in an unprofessional manner in terms of interactions with patients and other health professionals, completing assignments, or attendance at scheduled activities.**

Your Equated Percent Correct Score (raw score) will be converted into a Percentile Rank using the NBME Academic Year Norms graph, and the quarter (1-4) in which the exam was taken. The Percentile Rank may change over the course of the academic year in each quarter (e.g. a raw score that converts to the 15<sup>th</sup> percentile in quarter 1 may fall in the 10<sup>th</sup> percentile in quarter 4 for the same raw score).

Retake exams will utilize the same method. Your Equated Percent Correct Score (raw score) will be converted to the Percentile Rank for the quarter (1-4) in which the retake exam was taken.

The following list, while not exhaustive, should help to clarify what is included in the Professionalism grade throughout the clerkships.

Students will:

- Complete credentialing paperwork and site-specific requirements such as, but not limited to, fingerprinting and drug screening, by the stated deadline.
- Complete assignments by due date. This includes but is not limited to the following:
  - MedLearn (Duty hours, H&P feedback, Patient Logs)
  - Surveys (e.g. New Innovations)
  - Scholarly Case Report
  - Written History and Physicals
  - SOAP Notes
  - Mid-Clerkship form
  - Observed Interview form
  - Return of books and other borrowed items
- Respond to emails in a timely manner (within 2 business days)
- Refrain from using cell phones during meetings/sessions/didactics
- Always inform your team/preceptor of your whereabouts
- Be considerate to staff, faculty, residents, and/or patients
- Be on time for required meetings/sessions and do not leave without permission or until dismissed. This includes, but is not limited to the following:

- Clerkship orientation
- Seminars/Didactics/Core Lectures/Grand Rounds
- Clinical Rounds
- Community Preceptor meetings
- OSCE orientation or interview
- Mentor meetings
- Scholarly case report presentations
- Sign-in for didactics or other activities where requested ONLY for yourself
- Be punctual and comply with NBME Shelf Exam rules
- Obtain advance permission from the clerkship director/coordinator for absences from activities and/or wards; inform appropriate residents and/or attendings

See [Mistreatment](#) definitions

**A clerkship reserves the right to assign a failing grade for the entire clerkship if a student performs in an unprofessional manner in terms of interactions with patients and other health professionals, completing assignments, attendance at scheduled activities, or other inappropriate actions or activities.**

## NBME Shelf Exam

All clerkships administer the electronic NBME Shelf Exam on the last day of each rotation to all students. The clerkship coordinator will notify students regarding the time to report and testing location. Coordinators will be present to proctor. The time allotted for the exam is 2 hours and 45 minutes.

**Each student will take the electronic NBME shelf exam with a laptop provided by IT. The laptop will be prepared and ready for use in the testing room.**

**Per the NBME, students may be admitted to the testing room up to 30 minutes after the exam has started, provided the examinee's name is on the check-in roster. If a student arrives *more than 30 minutes* after the scheduled exam start time, the student will not be admitted and must pay a fee to reschedule the exam.**

Before the exam begins, students should be sure no unauthorized personal items and/or devices are in the testing room. These items include, but are not limited to the following:

- Cell phones
- iPads/tablets
- iPods/media devices
- Watches with alarms, computer or memory capability
- Calculators
- Paging devices
- Recording/filming devices

- Reference materials (book, notes, papers)
- Backpacks, briefcases, or luggage
- Beverages or food of any type
- Coats, outer jackets, or headwear

Students will be provided with scratch paper to make notes or calculations once the exam begins. These will be collected at the end of the examination session.

If an unscheduled break is needed to use the restroom during the examination, raise your hand to signal a proctor and click the **Pause** button at the bottom of your screen. A screen saver will appear, but, the timer for the exam will not stop. The testing time will continue to expire while you are taking your break. Students will be escorted one at a time on all unscheduled breaks.

If the screen freezes, raise your hand and a proctor will assist you.

## Student Feedback Surveys

New Innovations is an online medical education management system. The system is used by the clerkships to collect data on (1) faculty assessment of student performance, (2) student feedback on instruction, (3) student feedback on sites, and (4) student feedback on clerkships. Assessment data contributes to the determination of student grades and feedback provides information on the effectiveness of instruction, educational experiences at sites, and the clerkships as a whole. Systematic education program data collection and a coordinated evaluation of the curriculum that includes student feedback data on clerkships is required by the Licensing Committee on Medical Education (LCME) accreditation standards. New Innovations supports the collection and compilation of this data to not only meet educational goals but also accreditation standards.

Faculty and residents with whom students have worked will be requested to complete an online evaluation through New Innovations. Evaluations are created automatically using the matching function in this system.

Students must complete program evaluation surveys for each assigned site within a clerkship and the clerkship rotation as well as evaluations of attendings and residents instruction. These feedback surveys can be completed by logging into [New Innovations](#). Your Net ID serves as your user name and password. **Clerkship grades will be withheld unless surveys are completed within 2 weeks of the clerkship's end date.** An email will be automatically sent by the system as a reminder when they open as well as periodically thereafter until completed.

URL: <https://www.new-innov.com/UA/Login.aspx>

Student feedback data is reported by Curricular Affairs to the clerkship directors in aggregate in the form of a composite, de-identified report twice per academic year in January and July. All student comments are also de-identified in the report.

If you have any questions, please consult with the clerkship coordinator or email the Assistant Director, Clinical Education, Emily Leyva ([emilyleyva@medadmin.arizona.edu](mailto:emilyleyva@medadmin.arizona.edu)).



## Resources

- Appendix A: MedLearn
- Appendix B: Academic Calendars  
Class of 2020  
Class of 2021
- Appendix C: Assessment Forms:  
Assessment of Student Performance  
Mid-Clerkship Feedback Form
- Appendix D: Affiliate and Student Affairs Phone Tree
- Appendix E: Choosing Wisely
- Appendix F: UAMC Security and Safety Plan – South Campus
- Appendix G: Student Policies

# Appendix A: MedLearn

THE UNIVERSITY OF ARIZONA HEALTH SCIENCES

**MEDLEARN**  
COLLEGE OF MEDICINE

MedLearn Login

Login via UA NetID WebAuth

Login without NetID (not recommended)

College of Medicine - Tucson  
1501 N. Campbell Avenue | PO Box 245017 | Tucson, Arizona 85724  
Copyright 2018 University of Arizona. All Rights Reserved. Privacy Policy.

**URL: <https://medlearn.medicine.arizona.edu/>**

MedLearn is the new curriculum and learning management system for students, faculty, and staff at the University of Arizona College of Medicine.

You will be required to login with your UA NetID and password.

**MedLearn  
Click & Go!**

## Appendix B: Academic Calendars

### AY 2018-2019: Class of 2020

Event	Start Date	End Date
<b>Fall Semester BEGINS</b>	<b>6/25/2018</b>	
<b>Transition to Clerkships</b>	<b>6/25/2018</b>	<b>6/29/2018</b>
2020-MED-001 (12 wks)	7/2/2018	9/21/2018
2020-FCM/OBG/PED/PSYI/SURG-001 (6 wks)	7/2/2018	8/10/2018
2020-NEUR-001 (3 wks)	7/2/2018	7/20/2018
<i>Independence Day (holiday)</i>	<i>7/4/2018</i>	
2020-NEUR-002 (3 wks)	7/23/2018	8/10/2018
2020-FCM/OBG/PED/PSYI/SURG-002 (6 wks)	8/13/2018	9/21/2018
2020-NEUR-003 (3 wks)	8/13/2018	8/31/2018
2020-NEUR-004 (3 wks)	9/3/2018	9/21/2018
<i>Labor Day (holiday)</i>	<i>9/3/2018</i>	
<b>Intersessions Week 1</b>	9/24/2018	9/28/2018
2020-MED-002 (12 wks)	10/1/2018	12/21/2018
2020-FCM/OBG/PED/PSYI/SURG-003 (6 wks)	10/1/2018	11/9/2018
2020-NEUR-005 (3 wks)	10/1/2018	10/19/2018
2020-NEUR-006 (3 wks)	10/22/2018	11/9/2018
<i>Veterans Day Observed (holiday)</i>	<i>11/12/2018</i>	
2020-FCM/OBG/PED/PSYI/SURG-004 (6 wks)	11/12/2018	12/21/2018
2020-NEUR-007 (3 wks)	11/12/2018	11/30/2018
<i>Thanksgiving Recess (holiday)</i>	<i>11/22/2018</i>	<i>11/23/2018</i>
2020-NEUR-008 (3 wks)	12/3/2018	12/21/2018
<b>Fall Semester ENDS</b>		<b>12/21/2018</b>
<i>Winter Recess</i>	<i>12/24/2018</i>	<i>1/4/2019</i>
<i>New Year's Day</i>	<i>1/1/2019</i>	
<b>Spring Semester BEGINS</b>	<b>1/7/2019</b>	
2020-MED-003 (12 wks)	1/7/2019	3/29/2019
2020-FCM/OBG/PED/PSYI/SURG-005 (6 wks)	1/7/2019	2/15/2019
2020-NEUR-009 (3 wks)	1/7/2019	1/25/2019
<i>Dr. Martin Luther King, Jr. Day (holiday)</i>	<i>1/21/2019</i>	
2020-NEUR-10 (3 wks)	1/28/2019	2/15/2019
2020-FCM/OBG/PED/PSYI/SURG-006 (6 wks)	2/18/2019	3/29/2019
2020-NEUR-11 (3 wks)	2/18/2019	3/8/2019
2020-NEUR-12 (3 wks)	3/11/2019	3/29/2019
<i>Spring Recess</i>	<i>4/1/2019</i>	<i>4/5/2019</i>
<b>Intersessions Week 2</b>	<b>4/8/2019</b>	<b>4/12/2019</b>
2020-MED-004 (12 wks)	4/15/2019	7/5/2019
2020-FCM/OBG/PED/PSYI/SURG-007 (6 wks)	4/15/2019	5/24/2019
2020-NEUR-13 (3 wks)	4/15/2019	5/3/2019
2020-NEUR-14 (3 wks)	5/6/2019	5/24/2019
2020-FCM/OBG/PED/PSYI/SURG-008 (6 wks)	5/27/2019	7/5/2019
2020-NEUR-15 (3 wks)	5/27/2019	6/14/2019
<i>Memorial Day (holiday)</i>	<i>5/27/2019</i>	
2020-NEUR-16 (3 wks)	6/17/2019	7/5/2019
<b>OSCE III</b>	<b>6/24/2019</b>	<b>6/28/2019</b>
<b>Spring Semester ENDS</b>		<b>7/5/2019</b>

**AY 2018-2019: Class of 2021**

<b>Event</b>	<b>Start Date</b>	<b>End Date</b>
<b>Fall Semester BEGINS</b>	<b>8/6/2018</b>	
Life Cycle (7 wks)	8/6/2018	9/21/2018
<i>Labor Day (holiday)</i>	9/3/2018	
Immunity and Infection (8 wks)	9/24/2018	11/16/2018
<i>Veterans Day Observed (holiday)</i>	11/12/2018	
<i>Advanced Topics (3 weeks)</i>	11/19/2018	12/7/2018
<i>Thanksgiving Recess (holiday)</i>	11/22/2018	11/23/2018
<i>Mock NBME &amp; OSCE 2</i>	12/10/2018	12/21/2018
<b>Fall Semester ENDS</b>		<b>12/21/2018</b>
<i>Winter Recess</i>	12/24/2018	1/4/2019
<i>New Year's Day</i>	1/1/2019	
<b>Spring Semester BEGINS</b>	<b>1/7/2019</b>	
Board Study & Exam (USMLE Step 1)	1/7/2019	2/15/2019
<i>Dr. Martin Luther King, Jr. Day (holiday)</i>	1/21/2019	
<i>Transition to Clerkships</i>	2/18/2019	2/22/2019
<b>Clerkships: 6 wk rotations</b>		
Clerkship 2021-FCM/OBG/PED/PSYI-001 (6 wks)	2/25/2019	4/5/2019
Clerkship 2021-FCM/OBG/PED/PSYI-002 (6 wks)	4/8/2019	5/17/2019
<b>BREAK: 6 wk rotations</b>	5/20/2019	5/24/2019
Clerkship 2021-FCM/OBG/PED/PSYI-003 (6 wks)	5/27/2019	7/5/2019
Clerkship 2021-FCM/OBG/PED/PSYI-004 (6 wks)	7/8/2019	8/16/2019
<b>Clerkships: 8 wk &amp; 4 wk rotations</b>		
Clerkship 2021-SURG/MED-001 (8 wks)	2/25/2019	4/19/2019
Clerkship 2021-NEUR/AMBMED-001 (4 wks)	2/25/2019	3/22/2019
Clerkship 2021-NEUR/AMBMED-002 (4 wks)	3/25/2019	4/19/2019
Clerkship 2021-SURG/MED-002 (8 wks)	4/22/2019	6/14/2019
Clerkship 2021-NEUR/AMBMED-003 (4 wks)	4/22/2019	5/17/2019
Clerkship 2021-NEUR/AMBMED-004 (4 wks)	5/20/2019	6/14/2019
<i>Memorial Day (holiday)</i>	5/27/2019	
<b>BREAK: 8 &amp; 4 wk rotations</b>	6/17/2019	6/21/2019
Clerkship 2021-SURG/MED-003 (8 wks)	6/24/2019	8/16/2019
Clerkship 2021-NEUR/AMBMED-005 (4 wks)	6/24/2019	7/19/2019
<i>Independence Day (holiday)</i>	7/4/2019	
Clerkship 2021-NEUR/AMBMED-006 (4 wks)	7/22/2019	8/16/2019
<b>Spring Semester ENDS</b>		<b>8/16/2019</b>

[Academic Calendars](#) (see Resources for Education section at bottom of page)

# Appendix C: Assessment Forms

Medicine Clerkship

CEX Form

2018-19

Direct Observation Clinical Evaluation Exercise

Student	Date	
Evaluator (must be faculty)		
Patient Problem/DX	Age	Sex

Setting: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Inpatient
Focus: <input type="checkbox"/> Diagnosis <input type="checkbox"/> Therapy <input type="checkbox"/> Counseling <input type="checkbox"/> Procedural Skills

	(not observed)	Unsatisfactory	Satisfactory
Medical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Exam Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedural Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to evaluate their own performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Clinical Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Faculty Signature

MID-CLERKSHIP FORMATIVE FEEDBACK			
Student		Evaluator	
Clerkship		Site	
		Date	

**Strengths:** Overall, what did you observe to be the greatest strengths of this student?

**Areas of Improvement:** Please be specific about what you observed and how you think these areas could be improved in the future:

**Provide feedback for areas that you personally observed:**

<b>Medical Knowledge</b> <ul style="list-style-type: none"> <li>Exhibits appropriate knowledge and understanding of basic pathophysiological processes</li> <li>Demonstrates critical thinking and clinical decision making</li> </ul>	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe <b>Written comments:</b>
<b>Patient Care</b> <ul style="list-style-type: none"> <li>Conducts accurate history &amp; physical exam</li> <li>Appropriately manages patient care</li> <li>Works effectively with health care professionals</li> </ul>	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe <b>Written comments:</b>
<b>Interpersonal &amp; Communication Skills</b> <ul style="list-style-type: none"> <li>Establishes effective therapeutic &amp; ethical relations with patients, family and colleagues</li> <li>Clearly documents &amp; presents patient data &amp; clinical information</li> <li>Demonstrates effective listening skills</li> </ul>	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe <b>Written comments:</b>
<b>Professionalism</b> <ul style="list-style-type: none"> <li>Demonstrates punctuality, accountability, honesty</li> <li>Shows respect for others &amp; seeks responsibility</li> <li>Demonstrates sensitivity &amp; responsiveness to diversity, including culture, ethnicity, income</li> </ul>	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe <b>Written comments:</b>
<b>Practice-based Learning Improvement</b> <ul style="list-style-type: none"> <li>Uses evidence-based approaches</li> <li>Exhibits skills of self-directed learning</li> <li>Self-assesses and incorporates feedback to improve performance</li> </ul>	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe <b>Written comments:</b>
<b>Systems-based Practice</b> <ul style="list-style-type: none"> <li>Advocates for quality patient care and access</li> <li>Works appropriately within delivery systems, health costs</li> <li>Knows role of MD in community health &amp; prevention and applies to patient care</li> <li>Applies knowledge of disease prevalence/incidence to clinical care</li> </ul>	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Meets expectations <input type="checkbox"/> Did not observe <b>Written comments:</b>

	H&P/SOAP Notes	Patient Log	Direct Observation/CEX	Record Keeping
REVIEW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For Student to complete** - Please use this space to describe the learning goal(s) that you have developed based on this feedback:

By signing below I acknowledge that we have met to discuss this Mid-Clerkship feedback:

\_\_\_\_\_  
Signature – Evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Student

\_\_\_\_\_  
Date

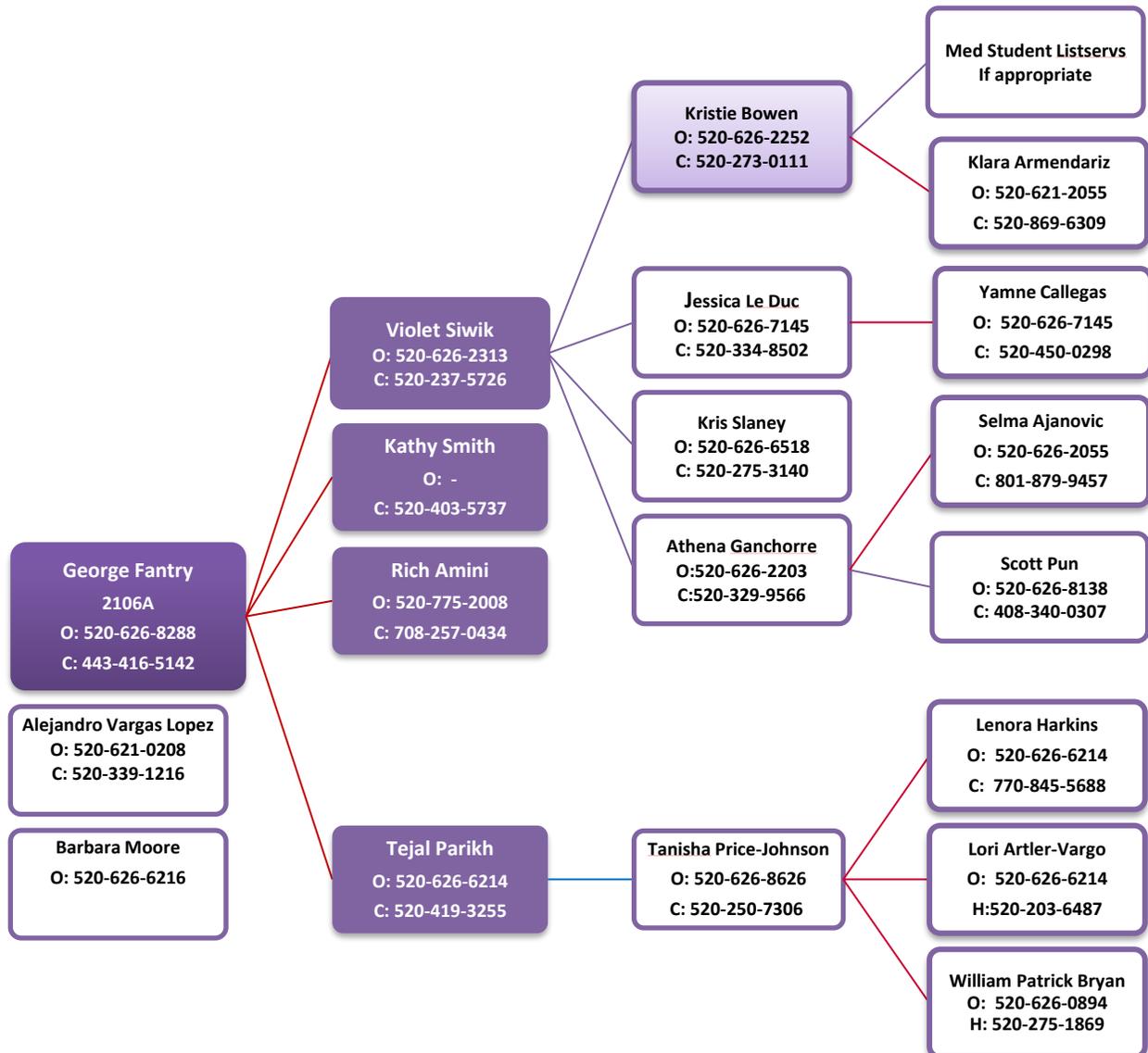
# Appendix D: Affiliate & Student Affairs Phone Tree

## Clinical Affiliate Phone Tree

Clinical Affiliate can reach any of the individuals in the red boxes. This will initiate the Student Affairs Phone Tree.



## Student Affairs Phone Tree



## Appendix E: Choosing Wisely

# Appendix F: Banner UMC South Campus Security and Safety Plan

Section: Managing Risk	EC.01.01.01 EP4	Reviewed Date:
Subject: Security Management Plan		
Approval Date: 8/8/13		Page 1 of 6

## THE ENVIRONMENT OF CARE SECURITY MANAGEMENT PLAN

### SCOPE

The Security Management Plan describes the methods of providing security for people, equipment and other material through risk assessment and management for The University of Arizona Medical Center - South Campus, as well as associated off site locations. Security protects individuals and property against harm or loss, including workplace violence, theft, infant abduction, and unrestricted access to medications.

The program is applied to the South Campus and all other associated clinics and off-site areas of The University of Arizona Medical Center - South Campus.

### FUNDAMENTALS

- A. A visible security presence in the hospital helps reduce crime and increases feelings of security by patients, visitors, and staff.
- B. The assessment of risks to identify potential problems is central to reducing crime, injury, and other incidents.
- C. Analysis of security incidents provides information to assist with predicting and preventing crime, injury, and other incidents.
- D. Training hospital staff is critical to ensuring their appropriate performance. Staff is trained to recognize and report either potential or actual incidents to ensure a timely response.
- E. Staff in sensitive areas receive training about the protective measures designed for those areas and their responsibilities to assist in protection of patients, visitors, staff and property.
- F. Violence in the workplace awareness; please see UAHN Policy HR-102 Standards of Conduct and Corrective Action.

Section: Managing Risk	EC.01.01.01 EP4	Reviewed Date:
Subject: Security Management Plan		
Approval Date: 8/8/13		Page 2 of 6

## OBJECTIVES

The Objectives for the Security Management Plan are developed from information gathered during routine and special risk assessment activities, annual evaluation of the previous year's plan activities, performance measures, Security Department Reports and environmental tours. The Objectives for Security to fulfill this Plan are:

- *Conduct and document adequate security rounds on all shifts.*
- *Respond to emergencies and requests for assistance in a timely fashion*
- *Maintain and expand current electronic security protection devices, including card access systems, surveillance cameras, and alarm systems.*

## ORGANIZATION & RESPONSIBILITY

The Board of Directors receives regular reports of the activities of the Security Management Plan from the Environment of Care Committee, which is responsible for the Physical Environment issues. They review reports and, as appropriate, communicate concerns about identified issues and regulatory compliance. They also provide financial and administrative support to facilitate the ongoing activities of the Security Management Plan.

The Administrator or other designated leader collaborates with the Director of Security to establish operating and capital budgets for the Security Management Plan.

The Director of Security, in collaboration with the committee, is responsible for monitoring all aspects of the Security Management Plan. The Director of Security advises the Committee regarding security issues which may necessitate changes to policies and procedures, orientation or education, or expenditure of funds.

Department leaders are responsible for orienting new staff members to the department and, as appropriate, to job and task specific to security procedures. They are also responsible for the investigation of incidents occurring in their departments. When necessary, the Director of Security provides department heads with assistance in developing department security plans or policies and assists in investigations as necessary.

Individual staff members are responsible for learning and following job and task-specific procedures for secure operations.

Section: Managing Risk	EC.01.01.01 EP4	Reviewed Date:
Subject: Security Management Plan		
Approval Date: 8/8/13		Page 3 of 6

## PERFORMANCE ACTIVITIES

The performance measurement process is one part of the evaluation of the effectiveness of the Security Management Plan. Performance measures have been established to measure at least one important aspect of the plan.

The performance measures for the plan are:

<b>Security Management Plan Performance Measures</b>			
<b>Performance Standard</b>	<b>Performance Indicator</b>	<b>Justification for the Selection of the measure</b>	<b>Source of Data</b>
Security will conduct monthly panic alarm testing for all devices monitored by AMAG or SIS. An alarm should sound and register on appropriate monitoring device.	Percentage of properly working panic alarms. (Needs Improvement: 0-95%, Threshold 96-97%, Target 98-100%)	Staff Safety and Timely Response	Panic Alarm Binder
Security will enforce smoking policy and track number of contacts for non-compliance.	Informational	UAHN Tobacco-Free Environment Policy	Dispatch Log
100% of reported security restraint incidents are evaluated for compliance with established security procedures	% of reports evaluated (0-60% needs improvement, threshold 71-90%, Target 100%)	Assessment incident reporting systems	Security Department Reports
Security arrives within two minutes for emergent patient care and staff requests	% <2 minutes (Needs Improvement: 0-95%, Threshold 96-97%, Target 98-100%)	Assessment of response times	Security Daily Statistics
Security responds to non-emergency Security Presence requests within 15 minutes	% <15 minutes (Needs improvement: 0-79%, Threshold: 89-89%, Target: 90-100%)	Assessment of response times	Security Daily Statistics

## PROCESSES FOR MANAGING SECURITY RISKS

### Management Plan

The Director of Security develops and maintains the Security Management Plan. The scope, objectives, performance, and effectiveness of the plan are evaluated on an annual basis.

Section: Managing Risk	EC.01.01.01 EP4	Reviewed Date:
Subject: Security Management Plan		
Approval Date: 8/8/13		Page 4 of 6

## Security Risk Assessment

The Director of Security manages the security risk assessment process for the organization and offsite facilities. The Director of Security is designated to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. The Director of Security ensures compliance with applicable codes and regulations.

The assessment of the hospital identifies security risks associated with the environment of care. Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of annual proactive risk assessment, and from credible external sources such as Sentinel Event Alerts.

The risk assessment is used to evaluate the impact of the environment of care on the ability of the hospital to perform clinical and business activities. The impact may include disruption of normal functions or injury to individuals. The assessment evaluates the risk from a variety of functions, including structure of the environment, the performance of everyday tasks, workplace violence, theft, infant abduction, and unrestricted access to medications.

## Use of Risk Assessment Results

Where the identified risks are not appropriately handled, action is taken to eliminate or minimize the risk. The actions may include creating new programs, processes, procedures, or training programs. Monitoring programs may be developed to ensure the risks have been controlled to achieve the lowest potential for adverse impact on the security of patients, staff, and visitors.

## Identification Program

The Director of Security coordinates the identification program. All supervisory personnel manage enforcement of the identification program.

Hospital administration maintains policies for identification of patients, staff, visitors, and vendors. All employees are required to display an identification badge on their upper body while on duty. Identification badges are displayed on the individual with the picture showing. Personnel who fail to properly display their identification badge are counseled individually by their department head.

Visitors to patients are not normally expected to have identification. Visitors to some specific units, such as Behavioral Health, are requested to have identification. The Security Officers assist in enforcement of visitor identification policies.

Section: Managing Risk	EC.01.01.01 EP4	Reviewed Date:
Subject: Security Management Plan		
Approval Date: 8/8/13		Page 5 of 6

The Purchasing Department provides vendor identification. Contractor identification is provided by Security.

### **Sensitive Areas**

The Director of Security works with leadership to identify security sensitive areas by utilizing risk assessments and analysis of incident reports.

The following areas are currently designated as security sensitive areas:

- ***Cashier's office***
- ***Emergency Services***
- ***Human Resources***
- ***Pediatric Clinic***
- ***Pharmacy***
- ***Behavioral Health Areas***
- ***Other off-site or remote locations***

Personnel are reminded during their annual in-service about those areas of the facility that have been designated as sensitive. Personnel assigned to work in sensitive areas receive department level continuing education on an annual basis that focuses on special precautions or responses that pertain to their area.

### **Security Incident Procedures**

The Director of Security coordinates the development of organization-wide written security policies and procedures, and provides assistance to department heads in development of departmental security procedures, as requested. These policies and procedures include infant and pediatric abduction, workplace violence, and other events that are caused by individuals from either inside or outside the organization. Organization-wide security policies and procedures are distributed to all departments. Department heads are responsible for distribution of department level policies and procedures to their staff and for ensuring enforcement of security policies and procedures. Each staff member is responsible for following security policies and procedures.

Organization-wide and departmental security policies and procedures are reviewed at least every three years. Additional interim reviews may be performed on an as needed basis. The Director of Security coordinates the triennial and interim reviews of organization-wide procedures with department heads and other appropriate staff.

ADM-295 Identification/Access Badges ADM-280

Searches and Inspections

SAF-700 Safety Program

Section: Managing Risk	EC.01.01.01 EP4	Reviewed Date:
Subject: Security Management Plan		
Approval Date: 8/8/13		Page 6 of 6

### Security Department Response

Upon notification of a security incident, the Director of Security or designee assesses the situation and implements the appropriate response procedures. The Security Director notifies Administration, if necessary, to obtain additional support. Security incidents that occur in the Emergency Department are managed initially by the Intake Officer in accordance with policies and procedures for that area. The Director of Security is notified about the incident as soon as possible.

Security incidents that occur in the departments are managed according to departmental or facility-wide policy. The Director of Security or designee is notified about any significant incident that occurs in a department as soon as possible. Additional support is provided by the Security Department, as well as public law enforcement if necessary.

Following any security incident, a written "Security Department Report" is completed by the Security Officer responding to the incident. The Report is reviewed by the appropriate Security Supervisor and Director of Security. Any deficiencies identified in the report are corrected.

### Evaluating the Management Plan

On an annual basis Director of Security evaluates the scope, objectives, performance, and effectiveness of the Plan to manage the utility system risks to the staff, visitors, and patients.

\_\_\_\_\_  
Ron Coles, Director of Security

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Date

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Sarah Frost, Hospital Administrator

\_\_\_\_\_  
Date

# Appendix G: Student Policies

A comprehensive listing of policies can be found on the [College of Medicine website](#).

## Attendance and Absence

[Attendance Policies for Medical Students \(COM\)](#)

[Leave of Absence Policy \(COM\)](#)

[Medical Student Duty Hours Policy](#)

## Diversity

[Diversity Statement](#)

[Non-Discrimination and Anti-Harassment Policy](#)

## Disability Resources

[Disability Resource Center](#)

## Grading and Progression

[Educational Program Objectives and Competencies \(Tucson\)](#)

[Essential Qualifications for Medical Students \(COM\)](#)

[Grading and Progression Policies for Years 1-4 \(COM\)](#)

[Procedures for Student Progress, Academic Integrity, and Managing Grade Appeals](#)

[Teacher Learner Compact](#)

## Graduation Requirements

[College and Department Restrictions on Double-Dipping Courses \(UA\)](#)

[Enrollment and Scheduling Policies for Years 1-4 \(COM\)](#)

## Professionalism and Integrity

[Attributes of Professional Behavior \(COM\)](#)

[Code of Academic Integrity](#)

[Fingerprinting and Background Checks \(COM\)](#)

[Mistreatment](#)

[Policy on Interactions with Industry/Conflict of Interest \(COM\)](#)

[Professional Conduct Policy](#)

[Professionalism Conduct Comment Form](#)

[Protected Health Information and HIPAA Policy \(COM\)](#)

[Supervision of Sensitive Physical Examination Policy](#)

[Social Media Guidelines for Individuals \(COM\)](#)

[Society Mentors – Policy on Conflict of Interest \(pg 27\)](#)

[Student Code of Conduct](#)

[Student Disciplinary Procedures](#)

[Student Dress Code Policy](#)

[Student Honor Code Committee Policy \(COM\)](#)

## **Risk Management**

[Smoking and Tobacco Policy](#)

[Supervision of Medical Students in Clinical Learning Situations](#)

[The University of Arizona Statement on Drug Free Schools and Campuses](#)

## **Student Health**

[Mandatory Health Insurance Policy](#)

[Student Occupational Exposure Policy](#)

## **Technology**

[Electronic Medical Record Operational Policy](#)